- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.
- CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's.
- Certificates will be emailed out to you within two weeks

Money Matters in MNT: Increase Your Insurance Reimbursement NOW!

Mary Ann Hodorowicz, RD, LDN, MBA, CDE

Certified Endocrinology Coder

Mary Ann Hodorowicz Consulting, LLC

April 2015

Mary Ann Hodorowicz

RD, LDN, MBA, CDE, CEC

(Certified Endocrinology Coder)

Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, is a licensed registered dietitian and certified diabetes educator and earned her MBA with a focus on marketing. She is also a certified endocrinology coder and owns a private practice specializing in corporate clients in Palos Heights, IL. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, wellness, diabetes, and Medicare and private insurance reimbursement. Her clients include healthcare entities, professional membership associations, pharmacies, medical CEU education and training firms, government agencies, food and pharmaceutical companies, academia, and employer groups. She serves on the Board of Directors of the American Association of Diabetes Educators.

Mary Ann Hodorowicz Consulting, LLC
www.maryannhodorowicz.com
hodorowicz@comcast.net 708-359-3864
Twitter: @mahodorowicz

LEARNING OBJECTIVES

1. Describe the beneficiary eligibility criteria for Medicare diabetes MNT.

2. List 3 of the Medicare coverage guidelines for telehealth MNT.

3. Name 2 of the CPT procedure codes that must be used when billing Medicare for initial and follow-up MNT.

Medicare MNT Reimbursement Rules:

COPIOUS, CONVOLUTED, CONFUSING, COMPLICATED, CONSTANTLY CHANGING!

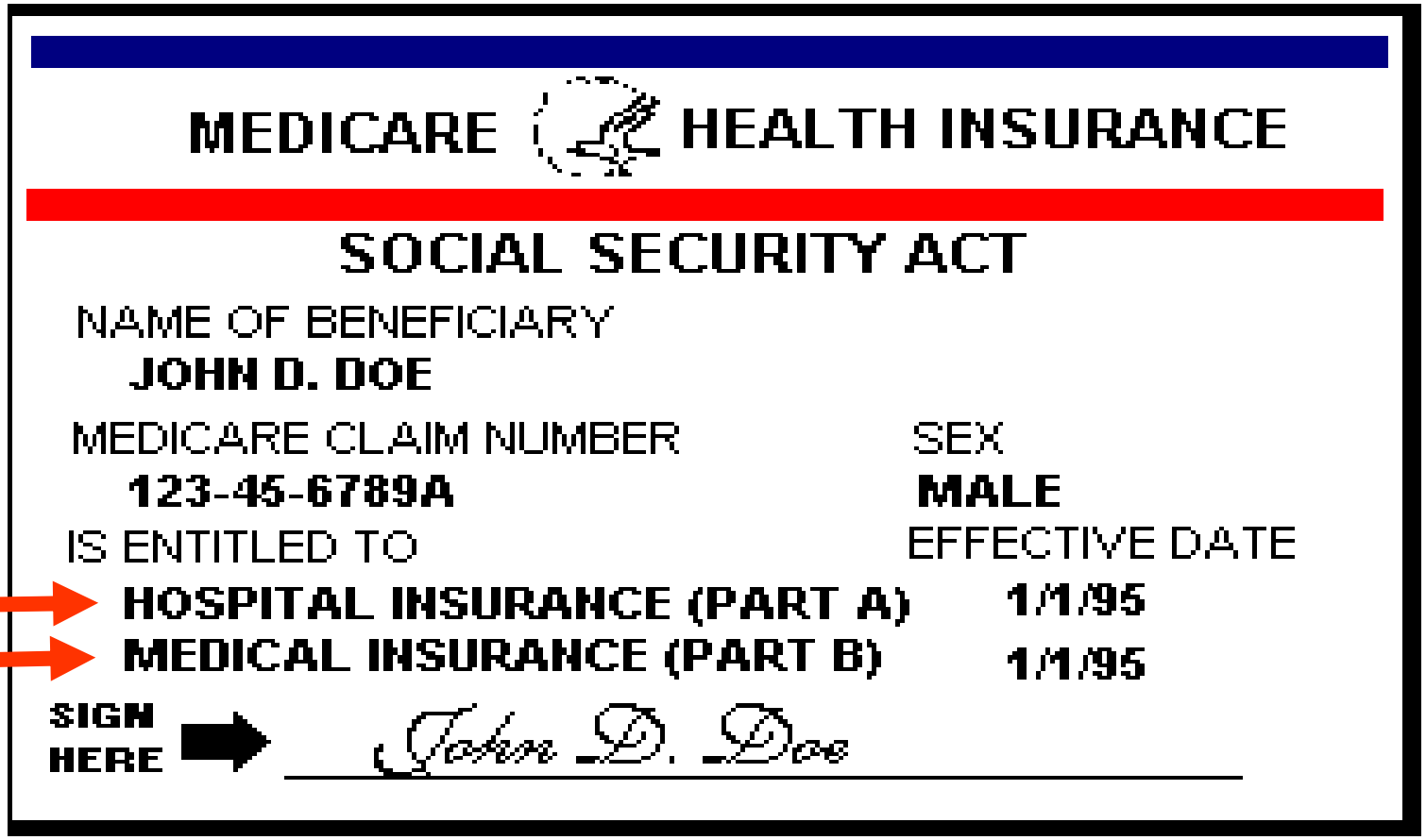
The Golden Rule

- He who as the **gold** makes the **rules**!
- He who wants the gold must identify all the rules…and follow all the rules.
- He who doesn't follow the rules will likely have to give all the gold back…..and pay penalties and fines.
- He who has to give all the gold…along with penalties and fines…will likely be out of a job!

INSURER'S RULES RULE!

MEDICARE BENEFICIARY MNT ENTITLEMENT

- Must have Medicare Part B insurance
- Suggestion: Make copy of Medicare card for MR



MNT--DSMT: COMPLIMENTARY & DISTINCT

MNT

- **Individualized**, detailed and focused nutrition therapy
- **Personalized** meal plan, SMBG and exercise plans
- **Long-term** follow-up in pt's life with **extensive** monitoring of labs, outcomes, behavior △ and meal plan adjustments

DSMT

- **General** and basic training in 7 key behaviors in primarily **group** format
- ↑ pt's **knowledge of why** and **skill in how** to change behaviors
- **Shorter-term** follow-up with **limited** monitoring of labs, outcomes, etc.

COORDINATION OF MEDICARE MNT--DSMT

Medicare covers MNT and DSMT but NOT on same day!

MNT	DSMT
MNT: First Calendar Year, 3 Hrs Individual or group. ***Individualized*** assessment, nutrition dx, intervention (incl. meal plan) and monitoring & evaluation of outcomes.	**DSMT: 12 Consecutive Months, 10 Hrs*** **Group** classes* in 10 topic areas on basic diabetes self-care outlined in *National Standards of DSME (2007).*
MEDICAL CONDITIONS Diabetes: Type 1, Type 2, GDM, Non-Dialysis Renal Disease, and	Nutrition is 1 of 10 topics presented as overview of basic meal planning for BG control (***not*** individualized for pt).
for period of 36 months after successful kidney transplant.	*9 hrs of 10 to be **group**; 1 may be **individual**. 10 hrs may be individual if provider's documentation of special needs is in DSMT provider's pt chart or no program scheduled in 2 months of referral date.

MEDICARE MNT BILLING PROVIDER ELIGIBILITY

MNT

RD or Nutrition Professional who meets below criteria:

BS degree from accredited school.
900 hours of supervised experience.

Licensed or certified in state where furnishing if licensure or credentialing established.
CDE status not required for diabetes MNT.

Separate billing allowed: hosp OP, nursing home, ESRD facility, FQHC, clinic, RD/physician practice, home heath. **Not allowed:** inpt hospital, rural health clinic, skilled nursing home

MEDICARE MNT BILLING PROVIDER ELIGIBILITY

- RD must be Medicare Part B provider to furnish MNT and then bill Medicare Part B for MNT
  - 1st = Obtain NPI # (www.pecos.cms.hhs.gov)
  - 2nd = Complete CMS 855I enrollment application
- If RD is **employed*** by *entity* Medicare provider (hospital, clinic, physician group, etc.) or *individual* Medicare provider (solo physician) must:
  - Reassign her/his Medicare MNT reimbursement to entity or individual by completing CMS 855R form
  - Entity or individual bills ***on behalf of RD***

MEDICARE PAYMENT RULES RE: ORDERING PROVIDERS

- Benefits must be ordered by physician or eligible professional who is:
  - Enrolled in Medicare, or in ‘opt out’ status
- Must BE specialty type that is eligible to order specific items/services….example:
  - Only MDs and DOs can order **MNT**
  - Only MDs, DOs, NPs, PAs, CNSs can order **DSMT**
- Provider’s NPI# must be on claim as referring provider
  - Organizational NPI # cannot be used as referring provider

MEDICARE PAYMENT RULES RE: ORDERING PROVIDERS

- **Chiropractic physicians** have limited coverage for services:
  - Limited to manual manipulation of spine to correct a subluxation (that is, by use of the hands).
- **Home Health Agency** (HHA) services may only be ordered by:
  - MD
  - DO
  - DPM (Doctor of Podiatric Medicine)

*Reference: http://www.cms.gov/MLNMattersArticles/downloads/SE1011.pdf

MEDICARE PAYMENT RULES
RE: ORDERING PROVIDERS

- RDs can check if referring provider is enrolled in Medicare (or in opt out) via enrollment record in web-based:

Provider Enrollment, Chain and Ownership System (PECOS)

https://pecos.CMS.hhs.gov

MEDICARE PAYMENT RULES
RE: ORDERING PROVIDERS

- **PECOS** can also be used to:
  - Submit/track initial Medicare enrollment application
  - View/change enrollment info
  - Add/change reassignment of benefits
  - Submit changes to Medicare enrollment info
  - Reactivate existing enrollment record
  - Withdraw from Medicare Program

RD's OPTIONS: MEDICARE MNT

B: **B**ecome Medicare provider and **B**ill Medicare for MNT

R: **R**efer beneficiary for **MNT** to Medicare RD provider who is furnishing **MNT**

O: **O**pt out of Medicare by filing opt out affidavit letter every 2 years; enter into private contract with each beneficiary, using Medicare contract language

X: e**X**clude Medicare coverage rules for **MNT** in diseases **not** covered by Medicare Part B, **BUT** give beneficiary **Advanced Beneficiary Notice** (ABN) for completion before furnishing non-covered MNT

MEDICARE MNT QUALITY STANDARDS

MNT

Must use nationally recognized protocols such as current evidence-based Nutrition Practice Guidelines for disease state

published by
Academy of Nutrition and Dietetics (A.N.D.)
and published in A.N.D.'s
online Nutrition Care Manual

www.eatright.org
www.nutritioncaremanual.org

Recommend that RD charts one time that evidence-based protocols used.


Help me to always
give 100% at work…
12% on Monday
23% on Tuesday
40% on Wednesday
20% on Thursday
5% on Fridays

MEDICARE BENEFICIARY ELIGIBILITY for MNT

Diabetes MNT

Documentation of diabetes dx using 1 of 3 labs.
Physician referral for initial, f/up, extra hrs.

Pre-Dialysis Renal MNT

Dx documentation of 1 of renal disease stages that supports diagnostic criteria:
Stage III, IV and V CKD

Kidney Transplant MNT

Successful kidney transplant.
MNT is in 36 months following transplant.

Best Practice Suggestion

Use ***DSME/T and MNT Services Order Form***

(revised 8/2011) Access at: www.aadenet.org

MEDICARE DIAGNOSTIC LAB CRITERIA for MNT

T1 and T2 Diabetes

Medicare benefit states that T1, T2 diabetes is diagnosed using 1 of 3 tests below.
Documentation must be maintained by referring physician in beneficiary's medical record.
Only treating MD/DO can Rx (= one coordinating care of beneficiary with diabetes or renal disease).

FPG >/= 126 mg on 2 tests, **or**
2 hr OGTT >/= 200 mg on 2 tests, **or**
Random BG >/=200 mg + uncontrolled DM symptom(s)
HbA1c **not** added as of April 2015^

Gestational Diabetes

Provider to provide documentation of gestational diabetes ICD-9 dx code.

Symptoms of uncontrolled diabetes:

Excessive thirst, hunger, urination, fatigue, blurred vision, unintentional weight loss, wound that won't heal, etc.

Pre-Dialysis Renal Disease

GFR on 1 lab test of: 13--50 ml/min.1.73m2
Stage III = 30--50, Stage IV = 15--29
Stage V = <15

^HbA1c >/=6.5% diagnostic for T1, T2 DM per ADbA, *Standards of Medical Care*, 2015

Best Practice Suggestions

Obtain documentation of diagnostic lab.
Can use revised *DSME/T--MNT Services Order Form*.
Download at: aadenet.org (revised 8/2011)

MEDICARE MNT REFERRAL REQUIREMENTS

MNT

Written Rx by treating physician.
To include: Rx date + beneficiary's name.

Dx or code (5 digits for T1, T2 DM).
Physician's NPI + signature (stamped not allowed).
Faxed + e-referral allowed.
Separate Rx for: initial, f/up MNT and extra hours.

Revised ***DSME/T and MNT Order Form*** lists diagnostic lab criteria + asks provider to send labs for pt eligibility and outcomes monitoring.
Original to be in pt's chart in provider's office.

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

Revised Aug. 2011

Patient Information

Patient's Last Name _____ First Name _____ Middle _____

Date of Birth _____/_____/_____ Gender: ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

☐ Initial group DSME/T: ☐ 10 hours or _____ no. hrs. requested

☐ Follow-up DSME/T: ☐ 2 hours or _____ no. hrs. requested

☐ Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

☐ Vision ☐ Hearing ☐ Physical

☐ Cognitive Impairment ☐ Language Limitations

☐ Additional training ☐ additional hrs requested _____

☐ Telehealth Other _____

DSME/T Content

☐ Monitoring diabetes ☐ Diabetes as disease process

☐ Psychological adjustment ☐ Physical activity

☐ Nutritional management ☐ Goal setting, problem solving

☐ Medications ☐ Prevent, detect and treat acute complications

☐ Preconception/pregnancy management or GDM

☐ Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

☐ Type 1 ☐ Type 2

☐ Gestational Diagnosis code _____

Complications/Comorbidities

Check all that apply:

☐ Hypertension ☐ Dyslipidemia ☐ Stroke

☐ Neuropathy ☐ PVD

☐ Kidney disease ☐ Retinopathy ☐ CHD

☐ Non-healing wound ☐ Pregnancy ☐ Obesity

☐ Mental/affective disorder Other _____

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

☐ Initial MNT ☐ 3 hours or _____ no. hrs. requested

☐ Annual follow-up MNT ☐ 2 hours or _____ no. hrs. requested

☐ Telehealth ☐ Additional MNT services in the same calendar year, per RD

Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

_____

_____

_____

_____

_____

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test of or 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume xx, no. x, November x, 2000, page xxxx | Federal Register.

Other payers may have other coverage requirements.

Signature and NPI # _____ Date _____/_____/_____

Group/practice name, address and phone: _____

Revised 2011 by the American Association of Diabetes Educators and the American Dietetic Association.


Are we confused yet?

DIETITIAN LICENSURE/CREDENTIALING STATE LAWS for FURNISHING MNT

Laws in states below specifically outline mandates[1] re:

- Written physician referral for nutrition services/MNT, or
- Dietitian's activities based on physician's order, or
- Physician involvement when treatment/condition is medical
- Provisions for dietitian conduct when physicians involved

Alabama	**Indiana**	**Connecticut**	**Tennessee**	**California**
Illinois	**Florida**	**Massachusetts**	**Maine**	**South Carolina**

1. www.eatright.org/HealthProfessionals/content.aspx?id=6863 Accessed 3-26-12

MEDICARE MNT LIMITS in FIRST YEAR and STRUCTURE OF

Medicare MNT and DSMT in initial year may NOT be provided on same day!

Initial MNT: 3 hours in calendar year.
Cannot extend into next year.
Individual, group or combination.
Group visit to be >/= 30 min. (30 min. billing unit).

Individual visit to be >/= to 8 to </= to 23 min.
(= 1, 15 min. billing unit)
Rounding allowed on 15 min. time based codes
but not on 30 min. codes.

Additional Hrs >3 Reimbursable IF:
RD obtains new Rx which documents # extra hrs
to be furnished and medical necessity for.

Examples of medical necessity:
Change in medical condition, diagnosis and/or
treatment regimen requiring additional MNT.

CHANGES THAT MAY JUSTIFY EXTRA HOURS of MEDICARE MNT

DIABETES MNT

- Oral meds to insulin
- Lack of understanding of diabetes diet
- GDM pt requires frequent diet changes
- Diabetes complication requiring tighter diet control

NON-DIALYSIS RENAL MNT

- Significant decrease in renal sufficiency
- Lack of understanding of renal diet
- Onset of malnutrition
- Completes DSMT and develops renal condition

MEDICARE MNT LIMITS in FOLLOW-UP YEARS and STRUCTURE OF

F/Up MNT After First Calendar Year

2 hrs in each calendar yr after first.
Cannot extend hrs to next yr.
Individual, group or combination.
Group visit: >/= 30 min. (30 min. billing unit)

Individual visit: >/= to 8 to </= to 23 min.
(= 15 min. billing unit)
Required: new Rx for f/up, documentation of dx and reason for f/up.

DIAGNOSES for MEDICARE MNT

Diagnosis is Required Documentation:

1) In MR maintained by educator/RD
2) In MR maintained by MD/DO

On **REFERRAL** and in **MR**, diagnosis can be narrative description OR ICD-9 dx code

On **CLAIMS**, use 5 digit code when possible:
250.02 = Type 2 uncontrolled diabetes
vs. 250 = diabetes mellitus.
Claim may be denied if 5th digit not used

Select professionals authorized to select ICD-9 codes for narrative diagnosis:
PHYSICIANS, QUALIFIED NPPs and
LICENSED MEDICAL RECORD CODERS

DIAGNOSES for MEDICARE MNT

4th digit = clinical manifestation/complication of diabetes

250.**0**	Diabetes mellitus without **mention of complication**
250.**1**	with **ketoacidosis**
250.**2**	with **hyperosmolarity**
250.**3**	with **other coma**
250.**4**	with **renal manifestations**
250.**5**	with **ophthalmic manifestations**
250.**6**	with **neurological manifestations**
250.**7**	with **peripheral circulatory disorders**
250.**8**	with other **specified manifestations**
250.**9**	with **unspecified complications**

DIAGNOSES for MEDICARE MNT

5th digit identifies:

- **T1 or T2 diabetes**
- **Controlled or uncontrolled**

250.X**0**	Type 2 controlled
250.X**1**	Type 1 controlled
250.X**2**	Type 2 uncontrolled
250.X**3**	Type 1 uncontrolled

MNT PROCEDURE CODES REQUIRED by MEDICARE and COMMONLY ACCEPTED by PRIVATE PAYERS

Initial Visit (CPT® Codes):
Individual, new pt: 97802 (1 unit = 15 min)
Used only 1 time for initial visit in first year.
Group, new pt: 97804 (1 unit = 30 min)

Follow-Up Visits:
Individual, est. pt: 97803 (1 unit = 15 min)
Group, est. pt: 97804 (1 unit = 30 min)

Codes for Hrs Beyond Limit (HCPCS®):
2nd Rx, same year, Individ: G0270 (1 unit = 15 min)
2nd Rx, same year, Group: G0271 (1 unit = 30 min)
Initial or Established Pt

CPT® = Current Procedural Terminology Codes; copyright, American Medical Association

HCPCS® = Healthcare Common Procedure Coding System; maintained by CMS

MEDICARE REQUIRED MNT, DSMT CODES

Visit can be any # of units but must be ≥ 1		1 Unit
97802	MNT, initial, individual, 15 min.	15 min
97803	MNT, follow-up, individual, 15 min.	15 min
97804	MNT, initial or follow-up, group, 30 min.	30 min
G0270	MNT, initial, individual, >3 hours or follow-up, individual, >2 hours, 2nd referral in same year	15 min
G0271	MNT, initial, group, >3 hours or follow-up, group, >2 hours, 2nd referral in same year	30 min
G0108	DSMT, individual, initial or f/up, 30 min.	30 min
G0109	DSMT, group, initial or f/up, 30 min.	30 min

ALWAYS DOCUMENT START TIME and END TIME FOR EVERY VISIT!

CMS' GUIDE for 15 MIN. TIME-BASED CODES

UNITS	MINUTES	to	MINUTES[1]
1	≥ 8		≤ 23
2	≥ 24		≤ 37
3	≥ 38		≤ 52
4	≥ 53		≤ 67
5	≥ 68		≤ 82
6	≥ 83		≤ 97
7	≥ 98		≤ 112
8	≥ 113		≤ 127

1. www.cms.gov/manuals/downloads/clm104c05.pdf Accessed 3-26-12

MEDICARE MNT--DSMT REIMBURSEMENT RATES, 2015

Medicare MNT Rates
Accessed 1-22-15 on CMS.gov

100% of Medicare Physician Fee Schedule (MPFS).
Medicare pays 100% of adjusted rate.
20% pt co-payment waived, BUT paid by Medicare.

Aver. Unadjusted Rates*: 97802, initial, 15 min:
Non-Facility: $35.04
Facility: $32.89

97803, follow-up, 15 min:
Non-Facility: $30.03
Facility :$27.53

97804, group, initial or f/up, 30 min:
Non-Facility: *$16.09*
Facility: *$15.37*

Medicare DSMT Rates
Accessed 1-22-15 on CMS.gov

100% of condensed MPFS for par providers,
but only 95% for non-par providers.
Medicare pays 80% of adjusted rate, pt pays 20%

Aver Unadjusted Rates*, Facility, Non-Facility:
G0108, individual, 30 min: $53.27
G0109, group, 30 min: $14.30
**Rates also vary per geographic region.*

My mother taught me about contortionism

"Will you look at the dirt on the back of your neck!"

Jane Geddes

UPDATED PAYABLE PLACE of SERVICE (POS) NUMERIC CODES for MEDICARE MNT for CLAIMS SUBMITTED to MEDICARE

***References:**

1. CMS Publication 100-03, Medicare National Coverage Determinations Manual, Part 1:180.1 Medical Nutrition Therapy
2. CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 4:300 Medical Nutrition Therapy (MNT) Services
3. CMS Transmittal No. AB-02-059, Program Memorandum Intermediaries/Carriers, Change Request #2142, May 1, 2002, provides additional clarification for medical nutrition therapy (MNT) services.

97802*, 97803*, G0270

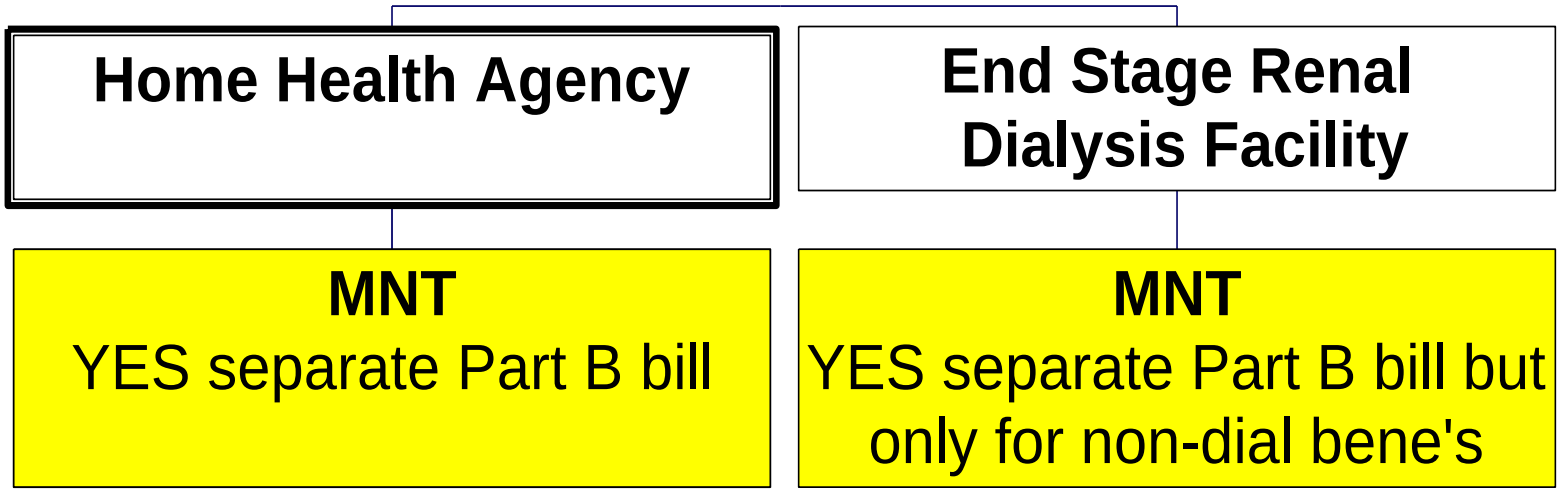
- School (3)
- Homeless shelter (4)
- Office (11)
- Home (12)
- Assisted living facility (13)
- Group home (14)
- Temporary lodging (16)
- Outpatient hospital (22)
- Nursing facility (32)
- Custodial care facility (33)
- Independent clinic (49)
- Intermediate care facility/MHMR (54)
- Residential substance abuse treatment (55)
- Nonresidential substance abuse treatment facility (57)
- State, local public health clinic (71)

97804*, G0271

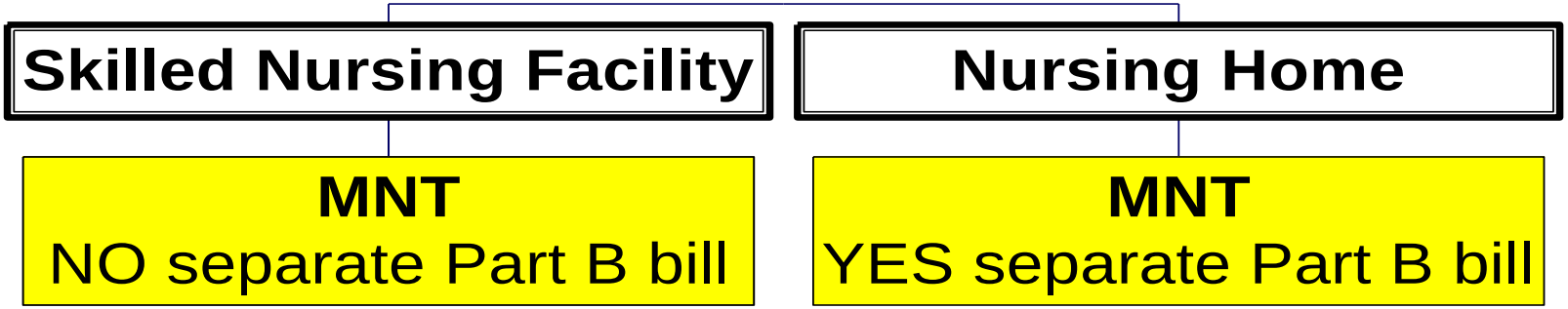
- School (3)
- Homeless shelter (4)
- Office (11)
- Assisted living facility (13)
- Group home (14)
- Outpatient hospital (22)
- Nursing facility (32)
- Custodial care facility (33)
- Independent clinic (49)
- Intermediate care facility/MHMR (54)
- Residential substance abuse treatment (55)
- Nonresidential substance abuse treatment facility (57)
- State, local public health clinic (71)

***For CPT codes 97802, 97803, 97804:** POS 99 (Other Unlisted Facility) may be used only if there is not a more appropriate POS code to describe current place of service.

HOME HEALTH AGENCY and ESRD FACILITY MEDICARE MNT BILLING



SKILLED NURSING FACILITY and NURSING HOME MEDICARE MNT BILLING



FEDERALLY QUALIFIED HEALTH CENTER and RURAL HEALTH CLINIC MEDICARE MNT and DSMT BILLING

FQHC	Rural Health Clinic
MNT: Type of Bill (TOB) 73x/77x; revenue code 0521. 1:1 only is separately billable with MNT codes but paid at all-inclusive FQHC rate. No co-insurance. RD may be able to bill incident to*.	**MNT:** TOB 71x; revenue code 0521. NO separate billing with MNT codes. RD may be able to bill incident to*. Report cost on cost report; paid at all-inclusive RHC rate.
DSMT: Type of bill 73x/77x; revenue code 0521. 1:1 only is separately billable with G0108 but paid at all-inclusive FQHC rate. Co-insurance applies.	**DSMT:** TOB 71x; revenue code 0521. Sole instructor to be RD-CDE. No separate billing with G codes. Report cost on cost report; paid at all-inclusive RHC rate.
DSMT: Not paid with additional physician visit on same day but paid with initial preventive physical exam. MNT + DSMT provided on same day are not paid.	*Medicare Claims Processing Manual Chapter 9 - Rural Health Clinics/ Federally Qualified Health Centers Rev. 3000, 07-25-14

MEDICARE MNT TELEHEALH

INDIVIDUAL + **GROUP MNT** can be delivered via telehealth[1]

REIMBURSEMENT: Same as in original MNT benefit

WHAT IT IS: Interactive audio & video telecommunications system permitting *real time* communication + visualization

1. www.cms.gov/transmittals/downloads/R140BP.pdf Accessed 3-26-12

Excluded: Telephone calls, faxes, email without visualization, stored and delayed transmissions of images of pt

MNT Provider Eligibility:
Licensed or certified in state where provider works **AND** in state where patient located

If pt in 1 state and provider location in another, provider must Usually be licensed or certified in both states; exceptions apply

Beneficiary receiving MNT must be present and participate in telehealth visit

CPT code modifier "**GT**" added to MNT code on claim: "Interactive audio and video telecommunications system"

Originating Sites: Location of **beneficiary** at time of MNT visit.

Approved Distant Sites (where MNT provider is during visit):
Physician or qualified non-physician practitioner office*, hospital, Critical Access Hospital (CAH), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), hospital and CAH-based renal dialysis center, skilled nursing facility (SNF) and community mental health center.

Excluded: Home health, independent renal dialysis facilities, pharmacies.

Medicare pays same for telehealth services under Medicare Physician Fee Schedule (MPFS) as for original benefits, including MNT.*

***Exception:** For physicians/practitioners in CAH who have reassigned their billing rights to CAH that has elected Optional Payment Method II, CAH bills Part A for telehealth services with revenue codes 096x, 097x or 098x. Payment amount is 80% of MPFS.

More About Originating Sites:

Geographic criteria for eligible telehealth **originating sites** include health professional shortage areas (HPSAs) located in rural census tracts of urban areas as determined by Office of Rural Health Policy or a county outside of metropolitan statistical area.

See: www.cms.gov/Medicare/Medicare-General-Information/Telehealth

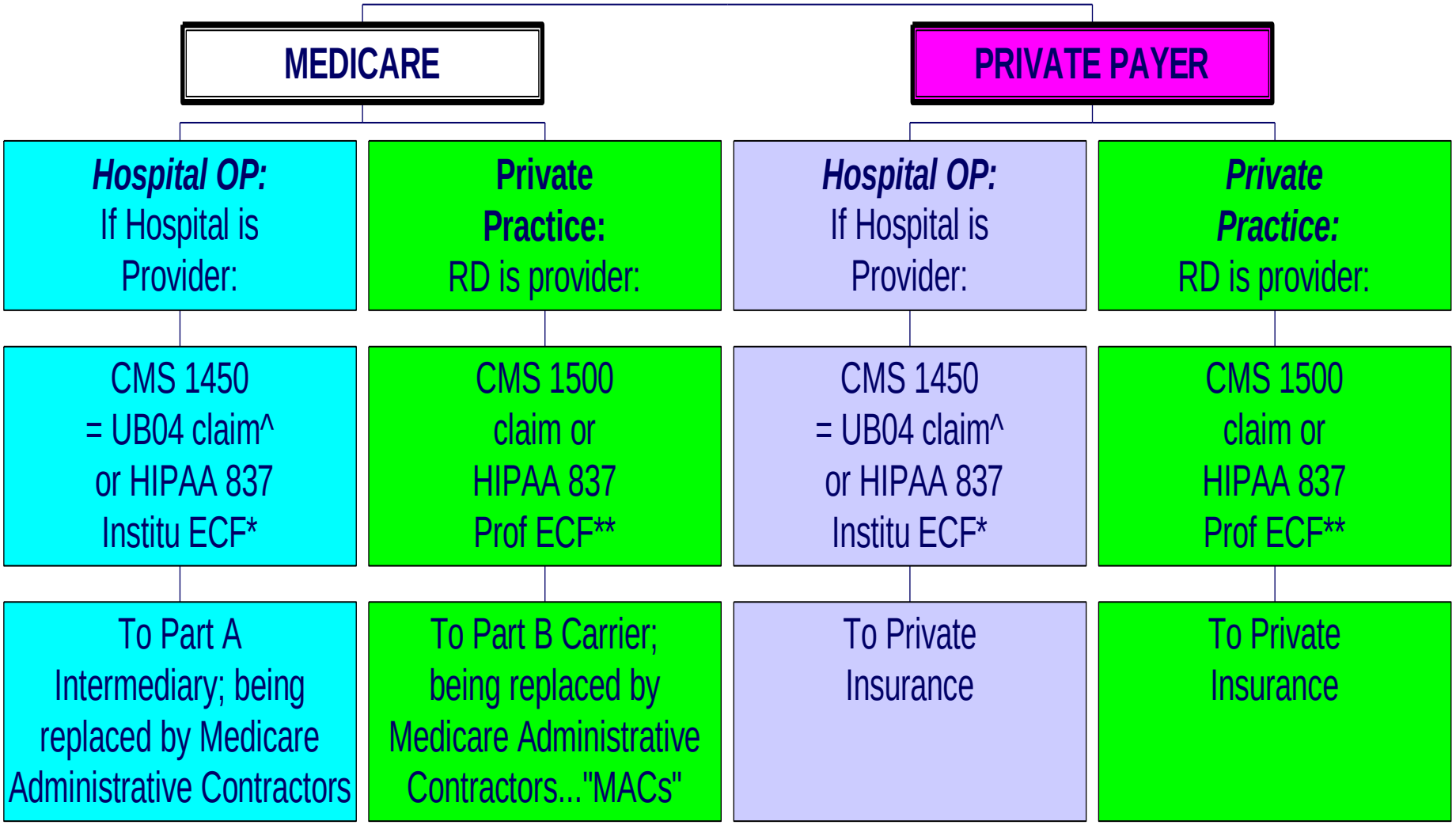
Originating site that houses **beneficiary** during MNT eligible to receive **facility fee.**

To claim **facility fee**, originating site must bill HCPCS code Q3014, "telehealth originating site facility fee" in addition to procedure code. Type of service is **"9"** on claim form ("other items and services").

Deductible and coinsurance rules apply to **facility fee code Q3014.**

The 2015 Medicare facility fee as **4-1-15** = **$28.22**

MNT CLAIM FORMS for HOSPITAL and PRIVATE PRACTICE

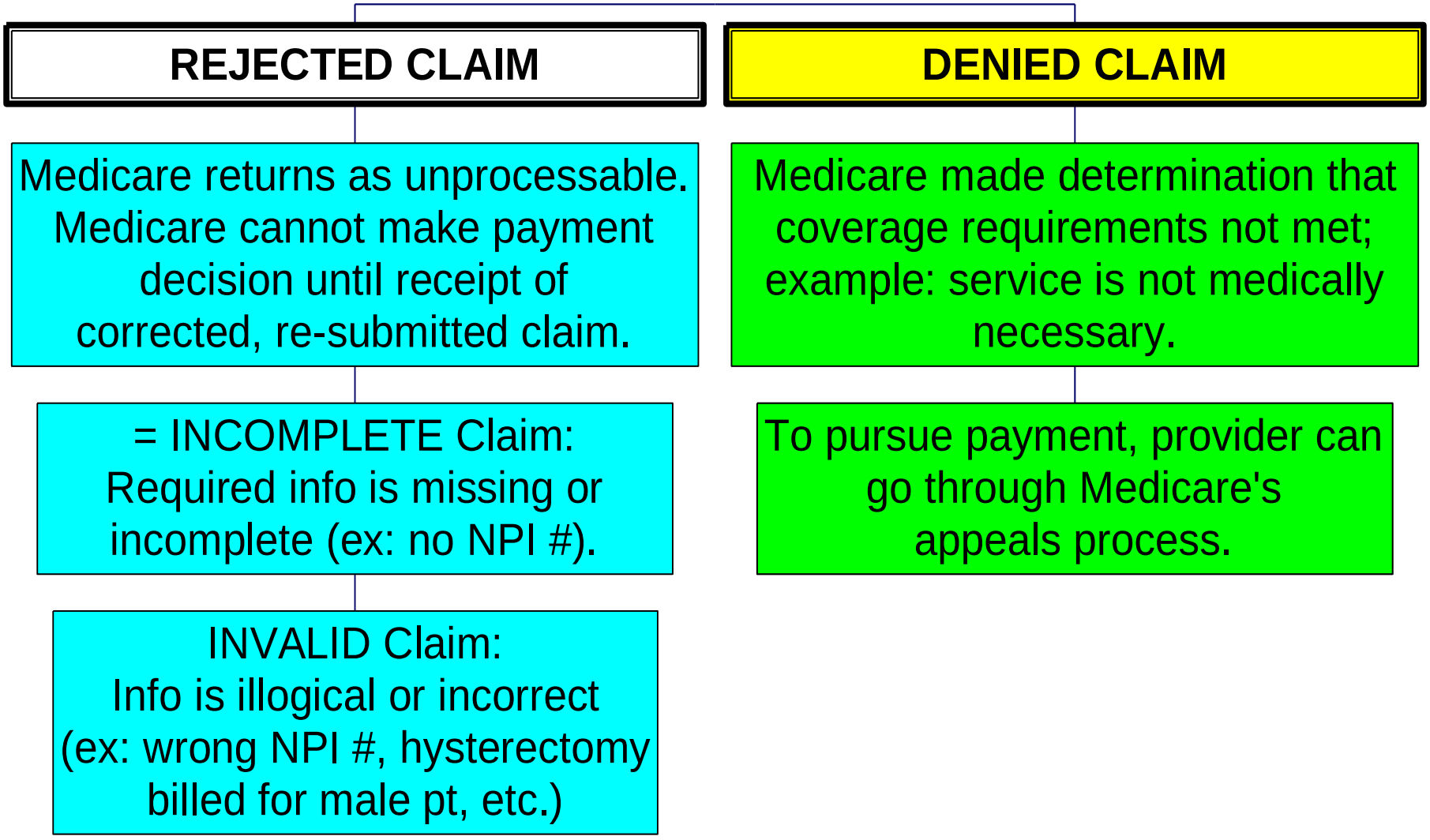


*Institu ECF = Institutional electronic claim

**Prof ECF = Professional electronic claim

^ If paper claim used, must use new CMS-1500 ***paper*** claim (08-05) and new UB-04 ***paper*** claim.

REJECTED vs. DENIED CLAIMS



MEDICARE ELECTRONIC PAYMENTS

- **Affordable Care Act** mandates Medicare payments be made only via **electronic funds transfer (EFT)**
  - Part of CMS' revalidation efforts
  - Providers not rec'ing EFT payments will be:
    - Identified
    - Required to submit CMS 588 EFT Form with Provider Enrollment Revalidation Application

MEDICARE ELECTRONIC PAYMENTS

- MACs and clearing houses provide electronic claims software at little/no charge at:

  www.cms.hhs.gov/ElectronicBillingEDITrans/08_HealthCareClaims.asp#TopOfPage

- Support for filing paper claims at: www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp#TopOfPage

ADVANCE BENEFICIARY NOTICE (ABN)

- **ABN** (paper form CMS-R-131) can be used for cases where Medicare payment expected to be **denied**

- Notifies beneficiary **prior to** service that:
  - Medicare will probably deny payment for service
  - Reason *why* Medicare may deny payment
  - Beneficiary will be responsible for payment if Medicare denies payment

ADVANCE BENEFICIARY NOTICE (ABN)

- NOT required for benefits statutorily **excluded** by Medicare (e.g. cosmetic surgery), but can be used.
- IS required when service IS Medicare benefit but will not be covered in this particular case (e.g., HTN MNT)
- Can also used when:
  - Unsure service is medically necessary, or
  - Service may exceed frequency or duration limit
  - It will be in place of *Notice of Exclusion from Medicare Benefits* to inform beneficiary that service is **not** covered by Medicare

MODIFIERS for PROCEDURE CODES

- **GA:** Service expected to be denied as not reasonable or necessary. Waiver of liability (ABN) on file.
- **GZ:** Service expected to be denied as not reasonable or necessary. Waiver of liability **NOT** on file.
- If provider knows that MNT claim will be denied, pt or provider can submit denied claim to supplemental insurance
  - Some private payers may require Medicare denial ***first*** before considering to pay
    - **GY** modifier added to code to obtain denial

PRIVATE PAYER and MEDICAID COVERAGE of MNT

- Coverage policies and, if paid, coverage rules, do vary:
  - From **state to state** among major plans (BCBS of IL. vs. BCBS of CA.)
  - Among plans in payer company (HMO vs. PPO)
  - Among state Medicaid plans
- Some cover pre-diabetes (glucose intolerance, IFG)

RULES OF THUMB

Call each and every payer in local area (or check website) to inquire about payer's MNT-DSMT:

1. Coverage **policy**
   - Does payer cover services?

2. Coverage **guidelines** re:
   - Referring provider eligibility
   - Who can bill
   - Pt eligibility and entitlement
   - Benefit structure, utilization limits, place of service
   - Billing codes, claim types, etc.
   - Reimbursement rates

STATE INSURANCE MANDATES for PRIVATE PAYERS

- 46 states* and DC have state insurance laws that require private payer coverage for:
  - DSMT, MNT, DM-related services and supplies[1]
  - **4 states with no laws: AL, ID, ND, OH**
- Laws supersede any coverage limitations in health plan
- Exclusions do exist (e.g., state/federal employer health plans often exempt from state mandates)

1. www.ncsl.org/programs/health/diabetes.htm (National Conference of State Legislatures) Accessed 4-2-15

PROCEDURE CODES for MNT and DSMT NOT PAID by MEDICARE BUT MAY be REQUIRED by PRIVATE PAYERS and MEDICAID

S9140	Diabetes management program, f/up visit to non-MD provider
S9141	Diabetes management program, f/up visit to MD provider
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)
S9455	Diabetic management program, group session
S9460	Diabetic management program, nurse visit
S9465	Diabetic management program, dietitian visit
S9470	Nutritional counseling, dietitian visit

98960	Individual, initial or f/up face-to-face education, training & self-management, by qualified non-physician HCP using standardized curriculum (may include family/caregiver), each 30 min.
98961	Group of 2 - 4 pts, initial or f/up, each 30 min.
98962	Group, 5 - 8 pts, initial or f/up, each 30 min.
Do NOT require DSMT program accreditation.	

98960, 98961, 98962:

- For pts with established illnesses/diseases or to delay co-morbidities
- Physician/NPP must Rx education and training
- Non-physician's qualifications and program's contents must be consistent with guidelines or standards established or recognized by physician society, non-physician HCP society/association, or other appropriate source

WE GOT RID OF THE KIDS.....
THE CAT WAS ALLERGIC


I'm sleepy after all that info!

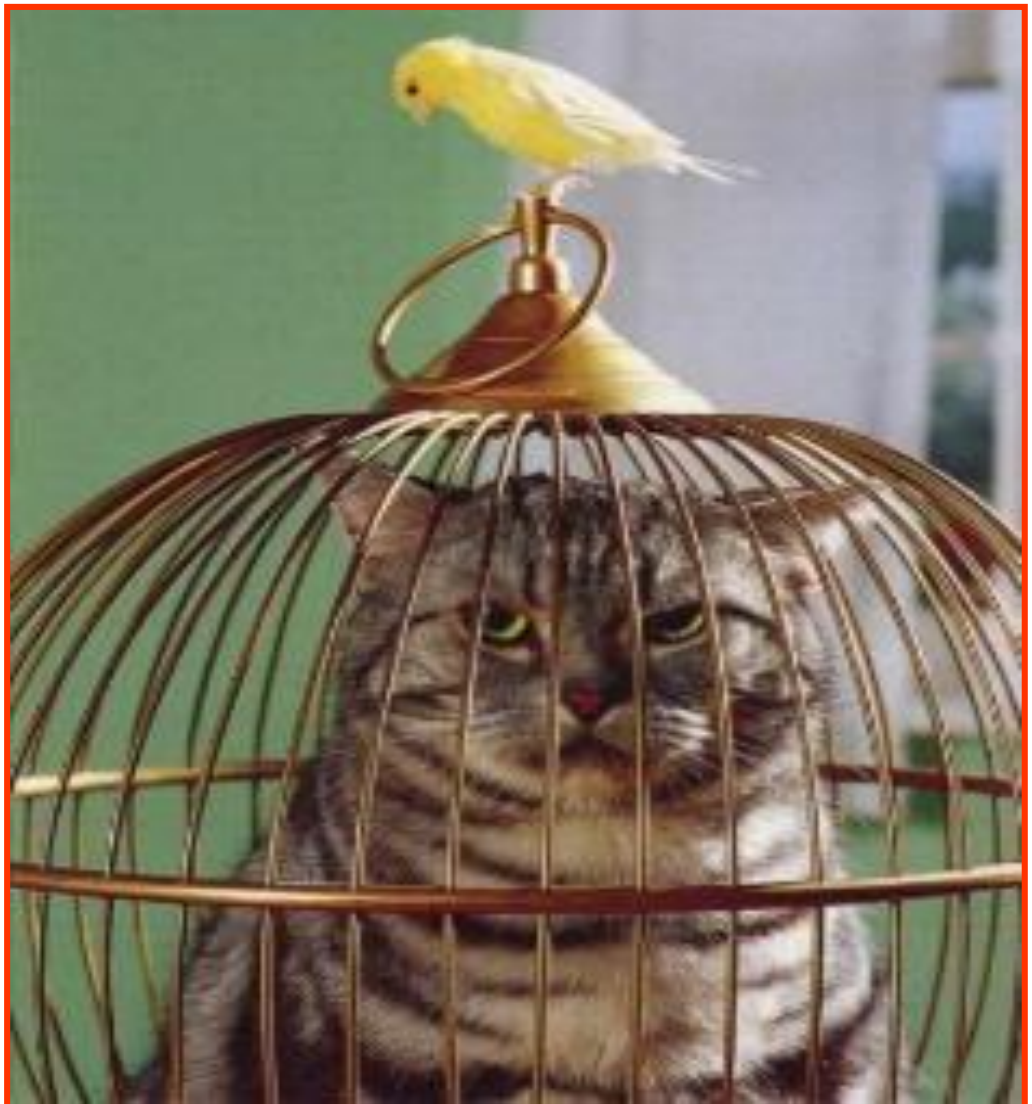
INCREASE REIMBURSEMENT NOW!

ALL IT TAKES IS A LITTLE **DESIRE** AND **STRENGTH** ON YOUR PART!

YOUR PATIENTS, PROVIDERS & STAFF WILL **LOVE** YOU FOR IT!

DO YOUR HOMEWORK, BE PREPARED AND TAKE THE **PLUNGE**!

OTHERWISE, YOU'RE GOING TO WAKE UP ONE MORNING, AND REALIZE YOU'VE MADE A SIGNIFICANT BOO-BOO!



EFFECT OF INFORMATION OVERLOAD


MARY ANN WILL NOW
ENTERTAIN YOUR QUESTIONS

This information is intended for educational and reference purposes only. It does not constitute legal, financial, medical or other professional advice.

The information does not necessarily reflect opinions, policies and/or official positions of the Center for Medicare and Medicaid Services, private healthcare insurance companies, or other professional associations. Information contained herein is subject to change by these and other organizations at any moment, and is subject to interpretation by its legal representatives, end users and recipients. Readers should seek professional counsel for legal, ethical and business concerns. The information is not a replacement for the Academy of Nutrition and Dietetics' Nutrition Practice Guidelines or American Diabetes Association's Standards of Medical Care in Diabetes. As always, the reader's clinical judgment and expertise must be applied to any and all information in this document.

Mary Ann Hodorowicz Consulting, LLC hodorowicz@comcast
708-359-3864 www.maryannhodorowicz.com

- ***Turn Key Materials for AADE DSME Program Accreditation***
  - *DSME Program Policy & Procedure Manual Consistent with NSDSME (69 pages)*
  - *Medicare, Medicaid and Private Payer Reimbursement*
  - *Electronic and Copy-Ready/Modifiable Forms & Handouts*
  - *Fun 3D Teaching Aids for AADE7 Self-Care Topics*
  - *Complete Business Plan*
- ***3-D MNT and DSME/T Teaching Aids 'How-To' Kit***
  - *Kit of 23 monographs describing how to make Mary Ann's 23 separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references*
- ***Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©", 5th. Edition***
- ***Establishing a Successful MNT Clinic in Any Practice Setting ©"***
- ***EZ Forms for the Busy RD" ©: 107 total, on CD-r; Modifiable; MS Word***
  - *Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms*
  - *Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms*
  - *Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms*